

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W	71535	01-14-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		71535	2-16-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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